

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD OF BENEFITS ADMINISTRATION AND HEALTH MANAGEMENT** the specification of which (check one)

is attached hereto.

was filed on _____ as Application, Serial No. _____ and was amended on _____ (if applicable).

That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information known to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)

Priority Claimed

Yes No

Yes No

Yes No

That I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

United States Application(s)

(Application Serial No.)	(Filing Date)	(Status)-(Patented, pending, abandoned)

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to: WELSH & KATZ, LTD., 120 South Riverside Plaza, 22nd Floor, Chicago, Illinois 60606-3913, Telephone No.: (312) 655-1500:

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Full name of sole or one joint inventor:

Jonathan R. Javors, D.O., D. Laws

Inventor's signature:



Date:

August 30, 2000

Residence and Post Office Address:

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Chicago, Illinois 60606-3913

Serial or Patent No.: _____
Filed or Issued: _____
For: _____

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27(b) - INDEPENDENT INVENTOR)**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the United States Patent and Trademark Office with regard to the invention entitled:

METHOD OF BENEFITS ADMINISTRATION AND HEALTH MANAGEMENT

described in:

(X) the specification filed herewith.
() application serial no. _____, filed _____
() Patent No. _____, issued _____

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed, or am under an obligation under contract or under law to assign, grant, convey, or license any rights in the invention, is listed below:

(X) no such person, concern, or organization.
() person, concerns, or organizations listed below.*

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME: Jonathan R. Javors, D.O., D. Laws
ADDRESS: 463 Surrey Lane, Valparaiso, Indiana 46385
(X) INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR: Jonathan R. Javors, D.O., D. Laws
SIGNATURE OF INVENTOR: Jonathan R. Javors
Date: August 30, 2000